

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000000791

1. Entity Name
WATREE GARDEN HOA, INC.



Principal Place of Business
**111 BEAL PKWY SE
FT. WALTON BCH, FL 32548**

Mailing Address
**111 BEAL PKWY SE
FT. WALTON BCH, FL 32548**



01032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3556943

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUDGENS, ROBERT S
111 BEAL PKWY SE
FT. WALTON BCH, FL 32548**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000578941

01/03/07-80048-011 61.25

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HUDGENS, ROBERT S
111 BEAL PKWY SE
FT. WALTON BCH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HUDGENS-WHALEY, DENISE
111 BEAL PKWY SE
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07

Date

850 244 2100

Daytime Phone #

ROBERT S. HUDGENS